

Lobster & Crab Harvesting 2017 Landings# _____

Class I-II-III License Application

This form may be used to apply for or renew licenses. Please provide all information requested. Incomplete applications will be returned for correction.



Part A: Applicant Information

Last Name _____ First Name _____
Social Security # _____ Sex _____ DOB _____
Eye Color _____ Hair Color _____ Height _____
Weight _____ Driver's License _____
If no driver's license - reason _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Physical Address: _____
(IF DIFFERENT THAN MAILING)
Email _____
Landline # _____ Mobile # _____
Must list at least one phone number
Fax# _____

Part B: Fishery Information

License year January 1, 2017 to December 31, 2017

Check license requested, new or renewal, and requested zone and tag information where applicable. This license must be renewed each year. Exceptions provided under Title 12, §6310. License fees are non-refundable.

| | Renew | New | Fees |
|-------------------------|--------------------------|--------------------------|--------|
| Class I | <input type="checkbox"/> | <input type="checkbox"/> | \$ 301 |
| Class I – Under age 18 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 65 |
| Class I – Over age 70 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 66 |
| Class II | <input type="checkbox"/> | <input type="checkbox"/> | \$ 603 |
| Class II – Over age 70 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 301 |
| Class III | <input type="checkbox"/> | <input type="checkbox"/> | \$ 888 |
| Class III – Over age 70 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 443 |

You **must** have held a 2016 license to qualify for these licenses or be eligible through the Apprentice Program. A surcharge is **included** in the license fee.

Buoy Color(s) _____

Declared Zone (A-G) _____ Zone _____

You **must** declare one zone in which you fish the majority of your traps.

Zone(s) in which you intend to fish

A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐

You may place traps only in zones selected above.

☐ By selecting zone E, I acknowledge that I will be eligible for a maximum of 600 declared zone trap tags regardless of what my declared zone limit is, and that I will be eligible for a maximum of 294 second zone tags. I also acknowledge that I will not be able to change my second zone selection until I renew my license next year.

If you select Zone E, you must check the acknowledgement box above or your application will be returned.

Trap Tags

Number of trap tags _____ at \$0.50 each \$ _____

If fishing second (2nd) zone, indicate the secondary zone(s) and the quantity of tags needed (you may only get 49% within that 2nd zone, based on the # of tags requested in your declared zone)

2nd Zone Tags

List 2nd Zone(s) _____ Qty _____ @ \$0.10 _____

Must add tag cost to license fee above.

All traps in use must be tagged. Under Title 12, §6431-F restrictions apply based on the number of trap tags purchased last year.

Part C: Supplemental Information

Fill out all information completely. False statements or misrepresentations will result in the revocation of the license and prosecution in Court. **If you list a boat different from the one listed in 2016, or had a temporary registration in 2016, you must send a copy of the registration or documentation.**

Vessel 1: Boat Registration # / Doc # _____

Do you own this vessel? Y ☐ N ☐

Boat Owner's Name _____

Boat Length _____ Boat Name _____

Town of Primary Anchorage _____

No. of trap tags **you** are fishing from this boat _____

Do you hold a Federal Lobster Permit on this vessel?

Y ☐ N ☐

If yes, provide Federal Permit # _____

If yes, provide Federal Fishing Area(s) _____

Vessel 2: Boat Registration # / Doc # _____

Do you own this vessel? Y ☐ N ☐

Boat Owner's Name _____

Boat Length _____ Boat Name _____

Town of Primary Anchorage _____

No. of trap tags **you** are fishing from this boat _____

Do you hold a Federal Lobster Permit on this vessel?

Y ☐ N ☐

If yes, provide Federal Permit # _____

If yes, provide Federal Fishing Area(s) _____

Pursuant to the Interstate Lobster Fishery Management Plan, you are bound by the most restrictive regulations that are in effect for all the federal areas you indicate above, regardless of where you are fishing.

Allow up to 4-6 weeks for delivery of tags. 2017 tags must be on traps by June 1- no exceptions. Owner has priority over tag limits for boat. If no vessel is listed, the tags will be unregistered and shall not be used to fish.

Voting District (1-12) _____ District _____

You **must** select one voting district within your declared zone above which best represents the way you fish.

Did you fish recreationally in tidal waters of the State of Maine last year? ☐ Yes ☐ No

(answering yes will register you for recreational saltwater fishing for 2017)

****Sign and date in Part D:
Certification on back.**



ATTENTION SPECIAL CIRCUMSTANCES LICENSE HOLDERS

All requests for lobster trap tags that would put any vessel in violation of the lobster trap tag vessel limitation must be made to the department in writing. If you requested a special circumstance last year, and nothing has changed, you do not need to submit any further information to the Department. If you are requesting a special circumstance this year, the request must be specific and, in the case of double tagging, include ALL parties involved along with the vessel information. Any such approvals that are granted will be in the form of a special circumstances permit, under Title 12, Chapter 25.08(F). Any fishing activity not expressly authorized in the special circumstances permits granted by the Commissioner shall be a violation of the law and subject to prosecution.

Please contact Major Rene Cloutier if you have any questions regarding Special Circumstances at 207-624-6555.

Part D: Certification / Signature

I hereby declare, under the penalty of perjury under the laws of the State of Maine and the United States of America that the foregoing information is true and correct and, if applying for a resident license, that I have read and understood the residency requirements listed below and meet those requirements.

Today's Date ____/____/____ Applicant _____ Parent or Guardian _____
Month Day Year (signature of applicant)

(Applicants under 18 must have a parent or legal guardian who also meets the residency requirements sign this form.)

Under Title 12, §6306, (1)(2) and (3), a person licensed by the Department of Marine Resources has a duty to submit to inspection, search and seizure by a Marine Patrol Officer. Failure to comply with this duty may result in a license suspension.

§6306. Consent to inspection

1. Consent to inspection. Any person who signs an application for a license or aquaculture lease or receives a license or aquaculture lease under this Part has a duty to submit to inspection and search for violations related to the licensed activities by a Marine Patrol Officer under the following conditions.

- A. Watercraft or vehicles and the equipment located on watercraft or vehicles used primarily in a trade or business requiring a license or aquaculture lease under this Part may be searched or inspected at any time.
- B. Any other location where activities subject to this Part are conducted may be inspected or searched during the hours when those activities occur.
- C. A location specified in paragraph B may be inspected at any time if a Marine Patrol Officer has a reasonable suspicion of a violation of this Part.
- D. No residential dwelling may be searched without a search warrant unless otherwise allowed by law.

2. Seizure of evidence. Any person who signs an application for a license or aquaculture lease or receives a license or aquaculture lease under this Part has a duty to permit seizure of evidence of a violation of marine resources laws found during an inspection or search.

3. Refusal. Refusal to permit inspection or seizure is a basis for suspension of any or all licenses under this chapter or revocation of aquaculture leases.

Instructions:

Complete the information in **Part A** on the front of this form. Check the license requested in **Part B** and calculate the total fees. Fill out all applicable information in **Part C**. If fishing a special circumstance, submit documentation requesting it. **You must meet all residency requirements, as outlined in Title 12, Section 6301(1), and certify your application with your signature in Part E.** Enclose this document in an envelope along with payment information listed below. You may make checks out to **Treasurer, State of Maine**. **We cannot accept applications by fax or phone.** If you have questions call (207) 624-6550.

MUST MEET ALL RESIDENCY REQUIREMENTS UNDER TITLE 12, SECTION 6301.

Mail to: Licensing Division, Department of Marine Resources, 21 State House Station, Augusta, ME 04333

Please make all checks payable to: Treasurer, State of Maine

Your check will be processed as an electronic funds transfer (EFT).

☐ Please check this box if your bank does NOT accept EFT transactions so we can manually submit your check to the bank for processing. Please be aware that if an EFT transaction gets rejected by your bank, you will be responsible for the payment as well as a \$20.00 bank fee.

Credit/debit card payments: I authorize the State of Maine, Department of Marine Resources, Licensing Division, to charge my
VISA ☐ MasterCard ☐ Discover ☐ Debit card ☐

First Name _____ Last Name _____

MUST BE AS IT APPEARS ON CARD – PLEASE PRINT LEGIBLY AS THIS MAY AFFECT PROCESSING OF APPLICATION

Card No. _____ CVV# _____ expiration date _____

Signature of Cardholder: _____ Date: _____

Your credit card or checking account will be charged for what you have applied for on this application.